

FREE FREE FREE
2006 CITYWIDE YOUTH
ATHLETICS SUMMER ACTIVITY
PROGRAM PRESENTS ULTIMATE FRISBEE

MAXIMUM ENROLLMENT WILL BE 20 KIDS FOR THE CAMP.

REGISTER IMMEDIATELY TO INSURE A SPOT!

ULTIMATE FRISBEE CAMP:

Bobby Morris Playfield - - 1635 11th Ave (right on Pine by KFC)

AGES 10 - 13 July 24th - 28th 9am - 1pm

Ultimate Frisbee is an exciting, non-contact team sport which mixes sports such as soccer, basketball, and American football into one high energy game. Top level Ultimate players require an unmatched degree of speed, stamina, and agility, yet the simplicity of the rules means it's easy and fun for newcomers to pick up.

The sport is also self-refereed and thus, stresses mutual respect between players.

The camp will be coached by an experienced Ultimate Frisbee player from Seattle. Come learn from the best. Day to day activities will include fundamentals drills, learn to throw the disc, improve your flick, defensive and offensive strategy discussions, and of course, tons of playing Ultimate Frisbee.

(Please Check experience level) Brand NEW ____ Beginner ____ Intermediate ____ Advance ____

CAMPERS NAME AGE MALE/FEMALE

ADDRESS CITY/STATE ZIP

MEDICAL INS. CO. HEALTH PROBLEMS?/MEDICATION

PARENTS NAME PHONE HOME/WORK

Parents, Sign and Mail this form to: Susan Lee, Citywide Athletics,
5201 Greenlake Way North, Seattle, WA 98103 Or Fax it to: 206-615-0073.
Any Questions Call 206 684-7093

Liability Waiver/Health & Insurance Form - Registration Not Valid Unless Waiver is signed

I hereby authorize the directors of the Citywide Athletics Summer Sport Camps (hereinafter referred to as "The Camp") to act for me according to their best judgment in any emergency medical situation. I hereby waive and release the City of Seattle, its staff and all Advisory Council members, and any other organizations or individuals involved with "The Camp", and "The Camp" and its staff of any responsibility or liability arising from the applicant's participation in "The Camp". I know of no medical/physical problems which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or other charges incurred in connection with their attendance at camp. Costs for the treatment of injuries and hospitalization for illness/injuries incurred during "the Camp" will be the responsibility of the parent or guardian of the participant. Any insurance carried by the parents or guardian may be used to defray such medical and hospital costs.

PARENT/ GUARDIAN SIGNATURE DATE